Executive Corridor
Darlington Memorial Hospital
Hollyhurst Road
Darlington
DL3 6HX
Switchboard Tel: 01325 38 0100
Foundation Trust Office: 01325 74 3625
Corporate Records Office: 01325 74 3700

Request for Information Reference: 10.20.02

Email: cdda-tr.cddftfoi@nhs.net

Email only

29 October 2020

Freedom of Information Act 2000 – Request for Information

Thank you for submitting a request for information which we received on 1st October 2020 in relation to County Durham and Darlington NHS Foundation Trust (the Trust). Your request has been processed under the provisions of the Freedom of Information Act 2000 and I am now able to provide you with a response.

Your request was in relation to supply of ICU medicines and I am providing the following information in response to your specific questions:

1) Confirm or deny whether disruption to supply of ICU medicines is included as a risk on the Trust's risk register?

Our risk register contains a generic risk with respect to the potential for medication shortages because of both Brexit and increases in Covid-19 acutely unwell patients. It includes reference to medicines used for critical care (of which noradrenaline is one) but does not specifically name those medicines.

2) Confirm or deny whether disruption to supply of noradrenaline is included as a risk on the Trust's risk register

As explained under 1) above disruption to the supply of noradrenaline is not specifically mentioned on the risk register.

3) With regards to the above 2 questions:

a. When were the risks put on the register?

25th September 2020 – this was a reinstatement of a risk which had previously been on the risk register during Wave 1 of the pandemic.

b. When are they to be reviewed?

A review is currently in progress. This will set the next review date. The final target date for the risk is 31st January 2021.

c. What significance status have they been given e.g. use of a RAG-rating system?

The risk is flagged as a red risk, with a risk score of 16 (we use a 5x5 risk matrix). This reflects the potential impacts on mortality or morbidity should we need to use second or third line agents.

4) Provide the number of safety incidents recorded at your Trust which relate to the preparation and/or the manipulation/mixing of medicines in critical care areas between 1 January 2019 and 1 September 2020

20.

5) Provide the number of safety incidents recorded at your Trust which relate to administration, preparation, and/or the manipulation/mixing of noradrenaline at the bedside between 1 January 2019 and 1 September 2020. Provide details of the reported cases.

There was one safety incident recorded at the Trust which relates to the administration, preparation and/ or the manipulation/ mixing of Noradrenaline at the bedside during the time period mentioned. In this particular incident, Noradrenaline had been discontinued but the line not withdrawn and then flushed. This was not fully communicated to the nurse on the following shift (night duty) who then flushed the line to start IV antibiotics.

6) Confirm or deny if your Trust has taken action to adhere to the guidance published by the Royal Pharmaceutical Society, titled Safe and Secure Handling of Medicines (December 2018), specifically with regards to appendix C and, "as outlined in the core guidance, manipulation of medicines in clinical areas is minimised and medicines are presented as prefilled syringes or other 'ready-to-administer' preparations wherever possible..."
https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines

CDDFT does adhere to the principles of the guidance from the RPS on Safe and Secure Handling of Medicines. Risk assessments of injectable medicines have been undertaken in line with guidance document NPSA20 and the SPS High Risk Medicines list. This document was last updated in September 2020. Part of this assessment is whether available ready to administer preparations are clinically appropriate. Consideration is also given in line with the RPS Quality Assurance of

Aseptic Preparation Services: Standards 5th Ed to use ready to administer products where possible.

7) Confirm or deny if your Trust subscribes to and follows the guidance provided on IV administration of medication by the MEDUSA injectable medicines guide.

CDDFT does subscribe to the MEDUSA IV medicines guide.

8) Supply evidence of the process the Trust has taken to address the principles outlined in the guidance above, specifically with regards to "the manipulation of medicines in clinical areas is minimised and medicines are presented as prefilled syringes or other 'ready-to-administer' preparations..."

Sample extract from our document “Promoting Safer Use of Injectable Medicines – Monitoring Document” below:

High risk injectable medicines used in CDDFT reviewed in line with requirements of NPSA 20											
Risk Assessment	**Bag (B) / Syringe (S) / Infusor (I)**	**Therapeutic risk**	**Use of concentrate**	**Complex calculation**	**Complex preparation**	**Reconstitute vial**	**Part/multiple container**	**Use of infusion pump/driver**	**Non standard infusion set**	**Risk Score**	**Comments**
Abatacept SPS – HIGH RISK MEDICINE	B	Y	Y		Y	Y	Y		Y	**6**	In CDDFT IV abatacept is used in combination with methotrexate for the treatment of moderate to severe rheumatoid arthritis. Abatacept Drug Protocol approved at CS&TC clarifies the calculation and dilution method for use in this indication *Risk score is reduced to 5*
CDDFT		Y	Y			Y	Y		Y	**5**	
Abciximab SPS – HIGH RISK MEDICINE	B	Y	Y	Y	Y		Y	Y		**6**	
CDDFT		Not in use at CDDFT									
Adrenaline ITU SPS – HIGH RISK	S	Y	Y	Y	Y		Y	Y		**6**	Syringes in use at DMH. On Guardrails DERS system.

High risk injectable medicines used in CDDFT reviewed in line with requirements of NPSA 20											
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MEDICINE											Infusion bags at UHND. Staff have access to MEDUSA IV guide. Prescribing is through ePMA in agreed concentrations. Less than 5 manipulations therefore not considered complex. *Risk score is reduced to 5*
CDDFT	B/S	Y	Y		Y		Y	Y		**5**	

9) Confirm or deny whether your Trust is stockpiling ready-to-use or ready-to-administer noradrenaline for the likely increased demand over the next 6 months (stockpiling is defined as retaining medicines with a shelf-life of at least 12 months)

CDDFT is ordering medicines in line with normal patterns of use. No stockpiling of any medicine is taking place in line with national guidance.

In line with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log on the Trust's website. However please be assured that we anonymise all responses prior to adding them to the disclosure log.

I hope that this response has provided you with the information you had requested. If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me by telephone or in writing. If however, you are dissatisfied with the way in which your request has been handled and would like an internal review, you will need to contact me in writing at the above address or via cdda-tr.cddftfoi@nhs.

If you remain dissatisfied with our response following an internal review you have the right to appeal to The Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. More information is available on their website; www.ico.gov.uk.

Yours sincerely

Joanna Tyrrell
Freedom of Information Officer